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SENATE BILL 161

53RD LEGISLATURE - STATE OF NEW MEXICO - SECOND SESSION, 2018

INTRODUCED BY

Linda M. Lopez

AN ACT

RELATING TO PUBLIC ASSISTANCE; REQUIRING MEDICAL ASSISTANCE
COVERAGE FOR AUTISM SPECTRUM DISORDER TO RECIPIENTS REGARDLESS
OF AGE; MAKING AN APPROPRIATION.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

SECTION 1. A new section of the Public Assistance Act is
enacted to read:

"[NEW MATERIAL] MEDICAL ASSISTANCE--AUTISM SPECTRUM
DISORDER.--

A. The secretary shall ensure that medical
assistance coverage provides coverage, which shall not be
subject to age restrictions or dollar limits, for:

(1) well-baby and well-child screening for
diagnosing the presence of autism spectrum disorder; and

(2) treatment of autism spectrum disorder

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1 through speech therapy, occupational therapy, physical therapy
2 and applied behavioral analysis.

3 B. Coverage required pursuant to Subsection A of
4 this section:

5 (1) shall be limited to treatment that is
6 prescribed by the recipient's treating physician in accordance
7 with a treatment plan;

8 (2) shall not be denied on the basis that the
9 services are habilitative or rehabilitative in nature;

10 (3) may be subject to other general exclusions
11 and limitations of medical assistance coverage, including
12 coordination of benefits, participating provider requirements,
13 restrictions on services provided by family or household
14 members and utilization review of health care services,
15 including the review of medical necessity, case management and
16 other managed care provisions; and

17 (4) may be limited to exclude coverage for
18 services received under the federal Individuals with
19 Disabilities Education Improvement Act of 2004 and related
20 state laws that place responsibility on state and local school
21 boards for providing specialized education and related services
22 to children three to twenty-two years of age who have autism
23 spectrum disorder.

24 C. The coverage required pursuant to Paragraph (1)
25 of Subsection A of this section shall not be subject to any

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1 recipient cost-sharing.

2 D. The coverage required pursuant to Paragraph (2)
3 of Subsection A of this section shall not be subject to cost-
4 sharing provisions that are less favorable to a recipient than
5 the cost-sharing provisions that apply to physical illnesses
6 that are generally covered through medical assistance coverage,
7 except as otherwise provided in Subsection B of this section.

8 E. The treatment plan required pursuant to
9 Subsection B of this section shall include all elements
10 necessary for the health insurance plan to pay claims
11 appropriately. These elements include the:

- 12 (1) diagnosis;
- 13 (2) proposed treatment by types;
- 14 (3) frequency and duration of treatment;
- 15 (4) anticipated outcomes stated as goals;
- 16 (5) frequency with which the treatment plan
17 will be updated; and
- 18 (6) signature of the treating physician.

19 F. This section shall not be construed as limiting
20 benefits and coverage otherwise available to a recipient
21 through medical assistance coverage.

22 G. As used in this section:

- 23 (1) "autism spectrum disorder" means a
24 condition that meets the diagnostic criteria for autism
25 spectrum disorder published in any edition of the *Diagnostic*

